

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	5/7
O.I.P.E. CLASSIFIER		48	4/13/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60574	6/11/00

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -/- ..... Restricted

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Best Available Copy

Claim	Date
Final Original	
1	11-14-02
2	✓
3	✓
4	0
5	0
6	✓
7	✓
8	✓
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If more than 150 claims or 10 actions  
 staple additional sheet here

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